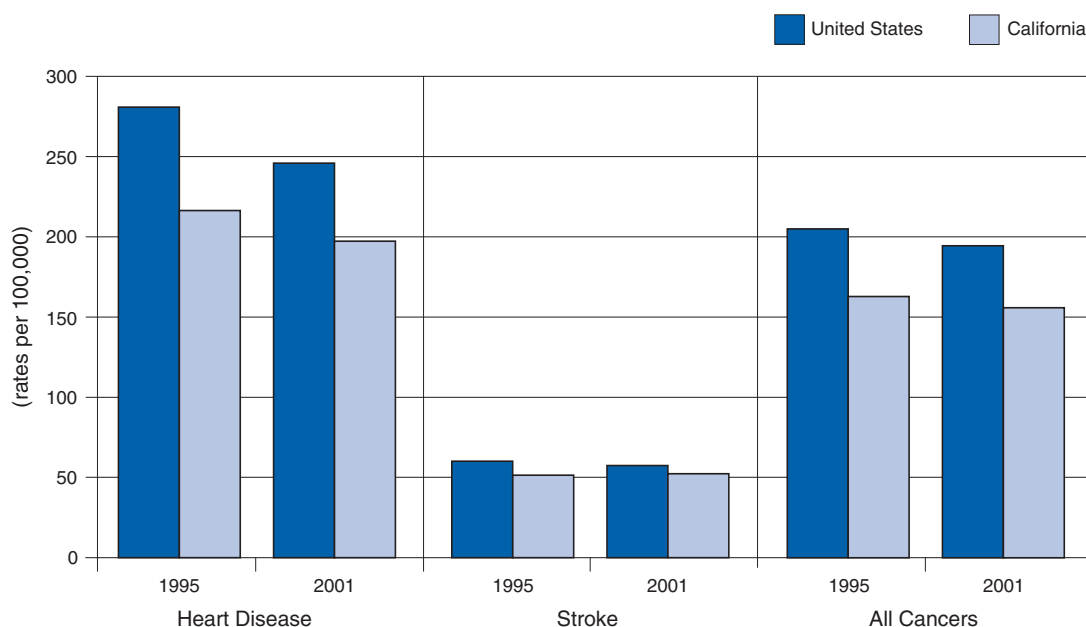


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and California, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

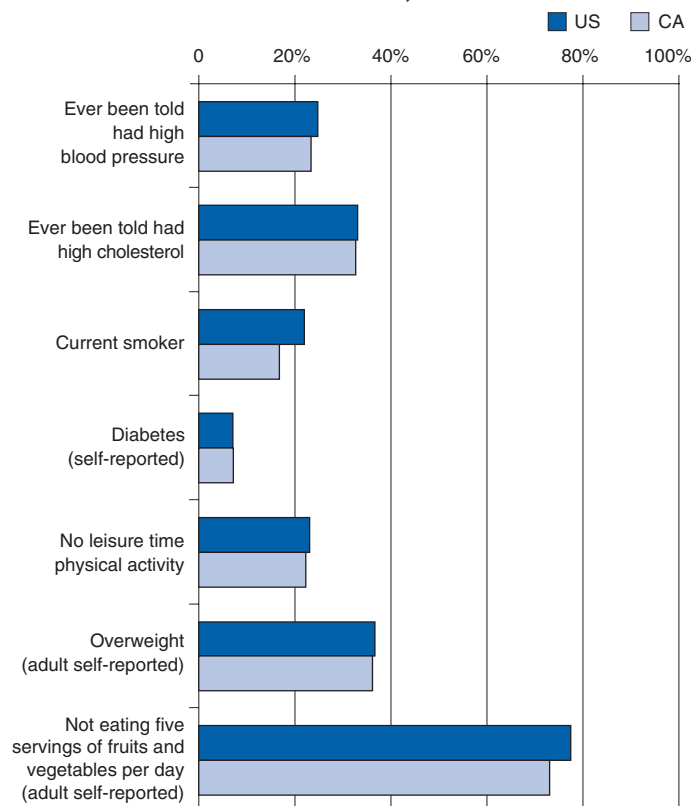
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in California, accounting for 68,234 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 18,088 deaths or approximately 8% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 55,340 are expected in California. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 134,300 new cases that are likely to be diagnosed in California.

Estimated Cancer Deaths, 2004

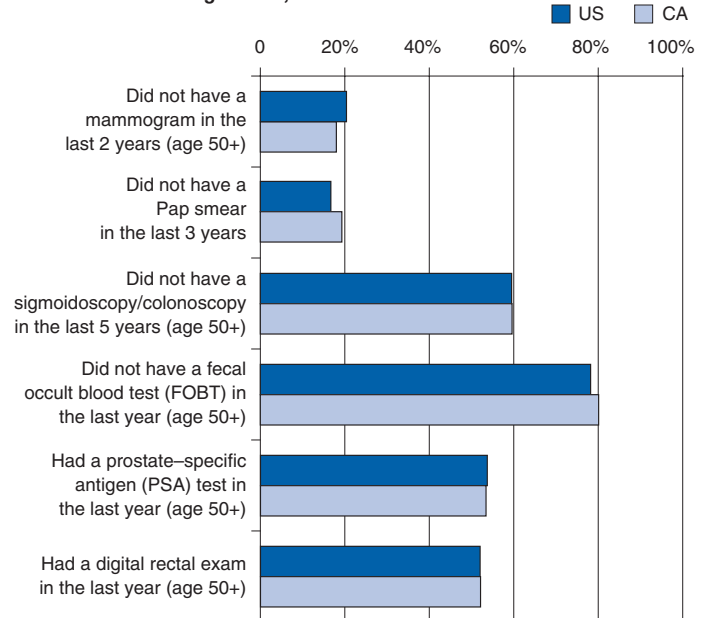
Cause of death	US	CA
All Cancers	563,700	55,340
Breast (female)	40,110	4,060
Colorectal	56,730	5,360
Lung and Bronchus	160,440	14,450
Prostate	29,900	3,010

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

California's Chronic Disease Program Accomplishments

Examples of California's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women of all races, with the greatest decrease occurring among African American men (355.9 per 100,000 in 1990 versus 300.6 per 100,000 in 2000).
- A 10% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 28% in 1992 to 18% in 2002).
- A lower prevalence rate than the corresponding national rate for individuals who currently smoke (16.8% in California versus 22.0% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to California in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for California, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>California BRFSS</i>	\$267,679
National Program of Cancer Registries <i>California Cancer Registry</i>	\$3,982,898
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Regents of the University of California, SF (Not verified)</i>	\$0
Diabetes Control Program <i>Diabetes Coalition of California</i>	\$790,000
National Breast and Cervical Cancer Early Detection Program <i>Every Woman Counts</i>	\$990,320
National Comprehensive Cancer Control Program <i>Cancer Control Planning and Research</i>	\$8,397,307
WISEWOMAN <i>California WISEWOMAN Program</i>	\$150,000
	\$1,001,265
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>California Tobacco Control Program</i>	\$330,711
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Community Health Councils of Los Angeles, Inc.</i>	\$914,451
<i>Harbor-UCLA Research and Education Institute</i>	\$895,588
<i>University of California, San Francisco</i>	\$915,697
<i>San Francisco Department of Public Health</i>	\$885,000
<i>Special Services for Groups, Inc.</i>	\$250,000
Total	\$19,770,916

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in California that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Obesity and Healthy Weight

As in the rest of the country, obesity is a problem in California. According to CDC's Behavioral Risk Factor Surveillance System (BRFSS) data, in 1990, less than 10% of adults in the state were obese (9.8%). By 2003, that rate had more than doubled to 23.2%. In addition, 36.2% of adults were overweight.

Risk factors for obesity include poor nutrition and physical inactivity, areas in which adults in California could improve. In 2003, BRFSS data indicate that 22.3% of adults did not participate in any leisure time physical activity in the month prior to the survey. In addition, 73.1% of adults in the state did not consume more than 5 servings of fruits and vegetables per day.

The obesity problem, however, is not limited to adults. A study by the California Center for Public Health Advocacy analyzed 2001 fitness data for the state's youth (kindergarten through 12th grade) and found that over one quarter of the youth were overweight (26.5%). The study also found that 39.6% of youth in California were not physically fit. Hispanic and African American children were the most likely to be affected by childhood obesity. Over one third of Hispanic youth (33.7%) were overweight and 44.5% were not physically fit, compared with 28.6% of African American youth who were overweight and 46.0% who were not physically fit. About one fifth of white youth were overweight (20.2%) and over one third (33.5%) were not physically fit.

The California Department of Health Services works to prevent and reduce obesity and has identified seven strategies as the most promising for reducing obesity and overweight. These strategies are to:

- Increase rates of physical activity;
- Decrease physical inactivity, especially television watching by children;
- Increase the consumption of fruits and vegetables;
- Increase the initiation of breastfeeding, and prolong its duration;
- Decrease the consumption of high calorie, low nutrient foods;
- Decrease rates of food insecurity and hunger; and
- Improve access to prevention, early intervention, and treatment strategies for overweight and obesity in the health care system.

Text adapted from The Prevalence of Obesity and Healthy Weight in California Counties, 2001.

Disparities in Health

African Americans, who comprise approximately 12% of the U.S. population—about 35 million people—experience health disparities in significant proportions. They have higher stroke death rates than other groups as well as a higher prevalence of the risk factors for heart disease. Compared with other racial and ethnic minority groups, African Americans are more likely to develop lung, cervical, colorectal, and prostate cancer at disproportionate levels.

African Americans make up approximately 7% of California's population. The leading causes of death among African Americans in California are heart disease and cancer. Between 1996 and 2000, the rate for heart disease among African Americans was higher than the heart disease death rate of their white counterparts (678 per 100,000 compared with 513 per 100,000). Additionally, in 2000, both African American men and women were more likely to die from cancer than their white counterparts. The cancer death rate for African American men was 300.6 per 100,000, compared with 220.9 per 100,000 for white men; the cancer death rate for African American women was 196.6 per 100,000, compared with 164.1 per 100,000 for white women.

Data from the Behavioral Risk Factor Surveillance System show that African Americans in California are more likely than whites to be smokers (28.4% versus 16.2%). Compared with white Californians, African Americans are also more likely to be diagnosed with high blood pressure (45.6% versus 25.9%), more likely to report inadequate physical activity (33.1% versus 15.9%), and are more likely to report a diagnosis of diabetes (15.3% versus 6.0%). Additionally, the diabetes death rate for African Americans in California (42.3 per 100,000) is twice as high as the rate for whites (20.6 per 100,000).

Other Disparities

- **Obesity:** African Americans are more likely to classify themselves as obese (41.6%) than their white counterparts (20.0%).
- **Prostate Cancer:** Prostate cancer death rates are higher among African American men (60.0 per 100,000) than among white men (27.7 per 100,000).
- **Breast Cancer:** African American women are less likely to have a mammogram and are more likely to die from breast cancer (35.6 per 100,000) than white women (26.7 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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